

## SICK LEAVE INCENTIVE PROGRAM NOTIFICATION FORM

Act 1127 of 1999 provides financial incentives to state employees to decrease their use of sick leave. A Sick Leave Incentive Award will be issued upon retirement to state employees who are **immediately** eligible for, and have made written application to receive, retirement benefits from a retirement system sponsored by the State of Arkansas.

I understand that I am eligible for this Sick Leave Incentive Award because I will have a minimum of fifty (50) unused accrued sick leave days, (including any paid sick leave taken as Family and Medical Leave (FMLA) since August of 1993) on the date of my retirement from the State of Arkansas and that I am eligible for retirement benefits from a State of Arkansas sponsored retirement system.

I also understand that sick leave taken as **paid** FMLA will **only** be added to my sick leave balance at the time of my retirement if I use this form to submit the information to DFA Internal Personnel.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	I HAVE MADE WRITTEN APPLICATION TO A STATE OF ARKANSAS SPONSORED RETIREMENT SYSTEM
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	I COMPLETED FMLA FORMS AND USED SICK LEAVE AS PAID FMLA

IF YES:

MY FMLA DATES WERE:

FROM:	TO:
FROM:	TO:

DURING MY FMLA LEAVE I WAS EMPLOYED BY:

AGENCY:
OFFICE:

(If additional space is needed, add to back of form.)

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Employee Signature

Date

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Printed Employee Name

Social Security #